

SEVIS UPDATE FOR NEW I-20

**** Please Print ****

NAME: _____ **STUDENT ID #** _____
LAST FIRST MIDDLE

DATE OF BIRTH: ____ / ____ / ____ **GENDER:** MALE FEMALE
MM DD YY

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

SEVIS ID # (I-20): _____ **ADMISSIONS # (I-94):** _____

MAJOR: _____ **SOCIAL SECURITY NUMBER:** ____ - ____ - ____

DRIVERS LICENSE #: _____ **EXPIRATION:** _____ **STATE:** _____

EMAIL ADDRESS: _____

FOREIGN ADDRESS: (NO PO BOXES)			
STREET #	STREET NAME	APT #	
CITY	POSTAL CODE	PROVIDENCE	COUNTRY

US ADDRESS: (NO PO BOXES)			
STREET #	STREET NAME	APT #	
CITY	STATE	POSTAL CODE	
HOME TELEPHONE # ()	_____	CELL PHONE # ()	_____

CERTIFICATION – TO BE READ AND SIGNED BY APPLICANT	
I declare under penalty of perjury that all information on this form is correct. I understand that falsification or withholding information requested on this form shall constitute grounds of dismissal.	
X _____	_____
SIGNATURE OF APPLICANT	DATE

OFFICE USE ONLY

ISSUE REASON:

- INITIAL ATTENDANCE
- CONTINUED ATTENDANCE
CURRENT SESSION END DATE: _____ NEXT SESSION START DATE: _____
- SCHOOL TRANSFER TRANSFER FROM SCHOOL: _____
- OTHER REASON: _____

- NEW I-20:** PICK UP DATE _____
 MAIL TO US ADDRESS
 MAIL TO FOREIGN ADDRESS